

Political Organization
Report of Contributions and Expenditures

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning 01/01/2013 and ending 06/30/2013

B Check applicable boxes ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
Property Casualty Insurers Association of America Political Account II
Employer identification number
36-4129087

2 Mailing address (P O Box or number, street, and room or suite number)
8700 West Bryn Mawr, Suite 1200S

City or town, state, and ZIP code
Chicago, IL 60631-3512

3 Email address of organization
ddc@pciaa.net
4 Date organization was formed

5a Name of custodian of records	5b Custodian's address
6a Name of contact person	6b Contact person's address

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number

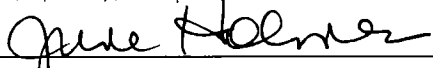
City or town, state, and ZIP code

8 Type of Report (check only one box)

a <input type="checkbox"/> First quarterly report (due by April 15)	f <input type="checkbox"/> Monthly report for the month of _____ (due by the 20th day following the month shown above, except the December report which is due by January 31)
b <input type="checkbox"/> Second quarterly report (due by July 15)	g <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) Type of election _____ Date of election _____ For the state of _____
c <input type="checkbox"/> Third quarterly report (due by October 15)	h <input type="checkbox"/> Post-general election report (due by the 30th day after general election) Date of election _____ For the state of _____
d <input type="checkbox"/> Year-end report (due by January 31)	
e <input checked="" type="checkbox"/> Mid-year report (Non-election year only due by July 31)	

9 Total amount of reported contributions (total from all attached Schedules A)	9	\$	9,957
10 Total amount of reported expenditures (total from all attached Schedules B)	10	\$	0

Sign Here ▶ Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete

▶  ▶ 07/15/2013

Signature of authorized official Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)

SCANNED JUL 29 2013

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Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization Property Casualty Insurers Association of America Political Account II		Employer identification number 36-4129087
Contributor's name, mailing address and ZIP code American Family Mutual Insurance Co 6000 American Pkwy Madison, WI 53777-0001	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ 250
	Aggregate contributions year-to-date \$ 250	Date of contribution 2/6/2013
Contributor's name, mailing address and ZIP code Erie Insurance Exchange 100 Erie Insurance Pl Erie, PA 16530-9000	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ 242
	Aggregate contributions year-to-date \$ 242	Date of contribution 2/20/2013
Contributor's name, mailing address and ZIP code Metropolitan Property and Casualty Insurance 700 Quaker Ln Warwick, RI 02886-6681	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ 206
	Aggregate contributions year-to-date \$ 206	Date of contribution 2/15/2013
Contributor's name, mailing address and ZIP code Progressive Casualty Insurance Company 6300 Wilson Mills Rd Mayfield Village, OH 44143-2109	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ 250
	Aggregate contributions year-to-date \$ 250	Date of contribution 2/28/2013
Contributor's name, mailing address and ZIP code Standard Guaranty Insurance Company 260 Interstate North Circle Northwest Atlanta, GA 30339-2111	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ 214
	Aggregate contributions year-to-date \$ 214	Date of contribution 2/15/2013
Contributor's name, mailing address and ZIP code Aggregate below Threshold	Name of contributor's employer NA	Amount of contribution
	Contributor's occupation NA	\$ 8,795
	Aggregate contributions year-to-date \$	Date of contribution 6/30/2013

Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872

\$ 9,957